# Domestic Insurer Exemption Certification
## (FOR MICHIGAN DOMESTIC INSURERS ONLY)

Due February 15 of each year, beginning February 15, 2022. Pursuant to MCL 500.555(9), each insurer-licensee domiciled in Michigan shall submit to the Director a written statement certifying that the insurer is in compliance with the requirements under MCL 500.555 (Form FIS 2360) unless an exception applies to the insurer-licensee. Each insurer-licensee domiciled in Michigan MUST submit either FIS 2360 or this form.

## CONTACT INFORMATION

| | |
|---|---|
| Licensee: | |
| NAIC #: | |
| Contact Name: | |
| Title: | |
| Phone: | |
| Email: | |

## EXCEPTIONS (Mark all that apply)

☐ I certify that the above named licensee has fewer than twenty-five employees, including any independent contractors.

☐ I certify that the above named licensee is subject to and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104–191, and has established and maintains programs and procedures regarding information privacy, security, and breach notification that are prescribed by HIPAA and by Parts 160 and 164 of Title 45 of the Code of Federal Regulations pursuant to HIPAA.

☐ Being an employee, agent, representative, or designee of a licensee, who is also a licensee, to the extent that the employee, agent, representative, or designee is covered by the information security program (ISP) of the other licensee.

Name of other Licensee: _____

NAIC #: _____

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# ATTESTATION

I certify, to the best of my knowledge and belief, that the information submitted on this form is true and correct. By submitting this form, I am acknowledging that I am duly authorized to submit this form on behalf of the licensee.


_____

Signature of Licensee's Authorized Representative


_____

Date Signed


_____

Authorized Representatives' Name and Title (Print or type)


Please send completed form to email address: DIFS-Cybersecurityforms@Michigan.gov.

Alternatively, the completed form can be mailed to the following address:

Department of Insurance and Financial Services
Office of Insurance Evaluation
P.O. Box 30220
Lansing, Michigan 48909-7720

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